

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 CFR 1.53(b)</small>	Attorney Docket No. 213112US2 First Inventor or Application Identifier David MOTTIER Title BI-MODULAR ADAPTIVE CDMA RECEIVER
S. P.	Assignee Name: MITSUBISHI DENKI KABUSHIKI KAISHA Assignee Address: 2-3, Marunouchi 2-chome, Chiyoda-ku, Tokyo 100-8310 Japan

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		
2. <input checked="" type="checkbox"/> Specification	Total Sheets	17
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	3
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages	3
a. <input checked="" type="checkbox"/> Newly executed (original)		
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 17 completed)		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)		
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		
a. <input type="checkbox"/> Computer Readable Form (CRF)		
b. Specification or Sequence Listing on:		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		
ACCOMPANYING APPLICATION PARTS		
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		
9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney	
10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations	
12. <input type="checkbox"/> Preliminary Amendment		
13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard		
14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i>		
15. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i>		
16. <input checked="" type="checkbox"/> Other: Notice of Priority		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below.

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

□ This application is a Continuation Division Continuation-in-part (CIP) of application Serial No. Filed on

□ Which was published in English

□ Which was not published in English

□ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



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Docket No. 213112US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) David MOTTIER

SERIAL NO: New Application

FILING DATE: Herewith

FOR: BI-MODULAR ADAPTIVE CDMA RECEIVER

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$270.00
□ LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$710.00
			TOTAL OF ABOVE CALCULATIONS	\$980.00
□ REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
□ FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
□ RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$980.00

- Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- A check in the amount of \$980.00 to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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Date: 8/22/01



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